

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Application No.

09/938,533

**Applicant** 

MÜLLER, ET AL.

Filed

AUGUST 27, 2001

Title

AT LEAST PARTIALLY IMPLANTABLE HEARING SYSTEM

Art Unit

3736

Examiner

FOREMAN, JONATHAN M.

Atty Docket No.

COCH-0183-US1

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

The below-identified communication(s) is (are) submitted in the above-captioned application or proceeding:

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Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)

Respectfully submitted,

Michael G. Verga

Registration Number 39,410

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July 17, 2006



## **ATTORNEY WITH NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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Application Number 09/938 533 First Named Inventor Gerd M. Müller Art Unit 3736 **Examiner Name** FOREMAN, Jonathan Attorney Docket Number COCH-0183-US1

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR  I hereby appoint the practitioners associated with the Customer Number: 22,506							
Please change the correspondence address for the above-identified application to:  The address associated with							
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l am the:  ☐ Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name	Jayne Andrew	Jayne Andrews, Patent Manager, Cochlear Limited					
Signature	Jayes						
Date		/ 14 JULY 2006				0425-6555	<u>.</u>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
'Total offorms are submitted.							

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Dox 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Cochlear Limited							
Application No./Patent No.: 09/938,533	Filed/Issue Date: August 27, 2001						
Entitled: At Least Partially Implantable Hearing system							
	, a Corporation						
(Name of Assignae)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)						
states that it is:  1.  the assignee of the entire right, title, and inter	rest; or						
2. an assignee of less than the entire right, title a The extent (by percentage) of its ownership in the patent application/patent identified above by v	Interest is %						
A. [ ] An assignment from the inventor(s) of the pat in the United States Patent and Trademark Off attached.	atent application/patent identified above. The assignment was recorded iffice at Reel, Frame, or for which a copy thereof is						
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[ ] Additional documents in the chain of titl	le are listed on a supplemental sheet.						
	nment document or a true copy of the original document)						
The undersigned (whose title is supplied below) is au	uthorized to act on behalf of the assignee.						
14 JULY 2006	Jayne Andrews						
Date + C1 2 C 4 2 5 5 2 7 4	Typed or printed name						
+612 9425 5274	- flips Hor						
Telephone number	Signature						
	Patent Manager, Cochlear Limited						

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